

Request Form For District Pupil Health Services

School Year Ending June 2012

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school (includes home schools) established and operating within the school district boundaries access to the existing district Pupil Health Services program.

Pupil's Name: _____

Grade: _____

Name of School: _____ **Pacelli Catholic School** _____

Please circle the option you choose:

- **I do** request that the district's Pupil Health Services program be made available to the above pupil this school year.
- **I do not** wish to request Pupil Health Service this school year.

Signature of Pupil

Date

PLEASE RETURN SIGNED FORM TO THE PACELLI OFFICE WHEN COMPLETED.

